

MAIL TAX BILL TO 6116 RAY ST. HAMMOND, IND. 46320

2002 042953

2002 APR 29 9:11

A298-10
R298-04

QUITCLAIM DEED

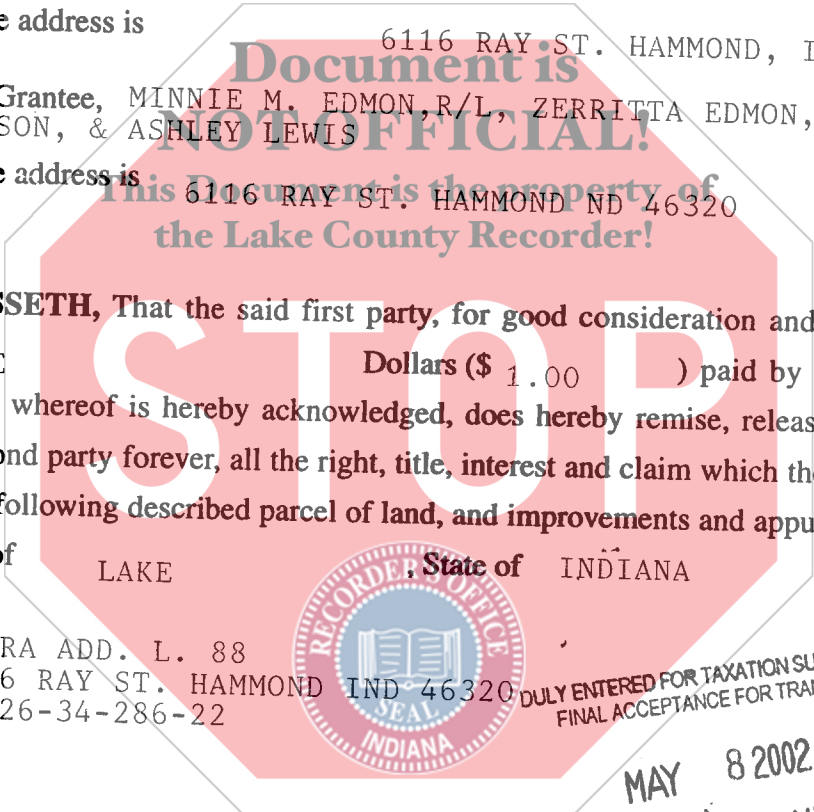
THIS QUITCLAIM DEED, Executed this 16TH day of APRIL , 1999 (year),

by first party, Grantor, MINNIE M. EDMON ←

whose post office address is 6116 RAY ST. HAMMOND, INDIANA 46320 ←

to second party, Grantee, MINNIE M. EDMON, R/L, ZERRITTA EDMON, BYRON COLLIN,
BRYCE ROBERSON, & ASHLEY LEWIS

whose post office address is 6116 RAY ST. HAMMOND ND 46320



WITNESSETH, That the said first party, for good consideration and for the sum of ONE Dollars (\$ 1.00) paid by the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the said second party forever, all the right, title, interest and claim which the said first party has in and to the following described parcel of land, and improvements and appurtenances there- to in the County of LAKE, State of INDIANA to wit:

LEGAL: LYNDORA ADD. L. 88
ADDRESS: 6116 RAY ST. HAMMOND IND 46320
KEY NUMBER: 26-34-286-22

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

MAY 8 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR

000650

AKHF
(1)

(Revised 3/98)

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.



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BD
16.00
CS

IN WITNESS WHEREOF, The said first party has signed and sealed these presents the day and year first above written. Signed, sealed and delivered in presence of:

Margherita Stamps
Signature of Witness

Minnie M. Edmon
Signature of First Party

Creative Stamps
Print name of Witness

Minnie M. Edmon
Print name of First Party

Signature of Witness

Signature of First Party

Print name of Witness

Print name of First Party

State of Indiana)
County of Yake
On May 8, 2002
appeared

before me, Minnie M. Edmon

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.

STOP
This Document is the property of
the Lake County Recorder!

SHIRLONDA L. DOWD
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. AUG. 17, 2008

Shironda L. Dowd
Signature of Notary

Affiant _____ Known _____ Produced ID _____
Type of ID _____
(Seal)

State of _____)
County of _____
On _____
appeared

before me,

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
WITNESS my hand and official seal.



Signature of Notary

Affiant _____ Known _____ Produced ID _____
Type of ID _____
(Seal)

Signature of Preparer

Print Name of Preparer

Address of Preparer

(2)

If your state requires 8 1/2" x 11" forms, cut off the bottom of this page at the dotted line.